

United States Patent and Trademark Office
- Sales Receipt -

01/20/2006 TDADE1 00000002 141270 09942001

01 FC:1801 790.00 DA

JAN 05 2006

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL		Application Number 09/942,001
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450		Filing Date 8/29/2001
		First Named Inventor Otto STEINBUSCH
		Group Art Unit 2122
		Examiner Name Mary J. STEELMAN
		Attorney Docket Number NL000477

This is a Request for Continued Examination (RCE) under 37 CFR §1.114 of the above-identified application. RCE practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. Submission required under 37 C.F.R. § 1.114 [Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).]

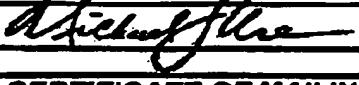
- Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - Other _____
- Enclosed:
 - Amendment/Reply
 - Affidavit(s)/Declaration(s)
 - Information Disclosure Statement (IDS)
 - Other _____ (may not be a brief)

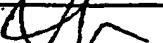
2. Miscellaneous

- Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months. (May not exceed 3 months; Fee required per 37 C.F.R. § 1.117(l))
- Other _____

3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filed.

- The Commissioner For Patents is hereby authorized to charge all required fees except the issue fee or credit any overpayments, to Deposit Account No. 14-1270.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print Type)	Michael J. Ure, Reg. No. 33,089		
Signature		Date	1/5/06

CERTIFICATE OF MAILING OR TRANSMISSION			
I hereby certify that this is being deposited with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office tel#: 571-273-6300 on the date below.			
Name (Print Type)	Daniel L. Michalek		
Signature		Date	05-JAN-06.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

02/
Application or Docket Number
09/94J/001

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	8	
FOR 08/29/01	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	8 minus 20 =	0
INDEPENDENT CLAIMS	2 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	—
X40=		OR X80=	—
+135=		OR +270=	—
TOTAL		OR TOTAL	710

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			..	=
Total	8	Minus	.. 20	= 0
Independent	2	Minus	... 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	—

01/05/06

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			..	=
Total	8	Minus	.. 20	= 0
Independent	2	Minus	... 3	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	—

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			..	=
Total	8	Minus	..	=
Independent	2	Minus	...	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	—
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	—

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.